

Payroll Earnings/Travel Settlement Authorization

Name (Last, First, Middle Initial)

Date

☐ Bi-Weekly ☐ Monthly

Employee #

Mail Stop

Work Phone

Please select **OPTION I** or **OPTION II** regarding your *payroll or travel* distribution and provide the information requested.

☐ **OPTION I:** Automatic deposit of my ☐ **net pay**
☐ **travel settlement**
to my account at the following financial institution:

☐ Enroll ☐ Cancel ☐ Change

\$ _____ Dollar Amount ☐ Bank _____ Account

Name: _____
Financial Institution Branch

Address: _____
Number Street City State Zip

Account Number: _____ ☐ Checking ☐ Savings

*****PLEASE ATTACH A VOID CHECK TO THIS AUTHORIZATION*****

I hereby authorize Lawrence Berkeley National Laboratory to deposit my net pay via electronic transfer of funds. I understand it is my responsibility to notify the LBNL Payroll/General Accounting immediately if I change or intent to change my checking or savings account in any way. I also understand that I may obtain a direct deposit change notice from my department or the HR website for this purpose. I understand that it may take two or more payroll periods for my **payroll funds** to be directly deposited.

Employee Signature

OPTION II: Check issuance – Hold for department pick-up

Employee Signature

Please return this form to the Berkeley Lab Payroll Office at Mail Stop 937-600

ADDITIONAL CHECKING AND/OR SAVINGS ACCOUNTS

Including the choice made under OPTION I, a total of three transfers may be elected, using any combination of checking and savings accounts.

____ Payroll

____ Travel

Name: _____
Financial Institution Branch

Address: _____
Number Street City State Zip

Account Number: _____ Type: ____ Checking ____ Savings

****Please attach a void check to this authorization****

Specific Amount to be deposited per payday: \$ _____

____ Payroll

____ Travel

Name: _____
Financial Institution Branch

Address: _____
Number Street City State Zip

Account Number: _____ Type: ____ Checking ____ Savings

**** Please attach a void check to this authorization****

Specific Amount to be deposited per payday: \$ _____

If your needs are more than three amounts, please contact the Payroll office at X6543.